

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 569821

FILING DATE

2-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5						
6						
7		2				
8						
9						
10						
11						
12						
13						
14						
15	1					
16						
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19						
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21						
22	1					
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25	1					
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48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	27					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						